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ABSTRACT

Highlights from a series of papers on the role of smoking in women's disease and death, women's smoking behavior, and the role of the tobacco industry are included in this document. Conference participants included public health and women's organizations. Brief summaries of the papers introduce the document. An outline of network strategies including intraorganizational initiatives in the areas of health, public advocacy, and the Not Far Enough Network itself are presented. These papers are included: (1) "Not Far Enough" (Helene Brown); (2) "Mixed Messages for Women A Social History of Cigarette Smoking and Advertising" (Virginia L. Ernster); (3) "Tobacco, Women, and Health" (Sally Faith Dorfman); (4) "Which Women Smoke and Why?" (Ellen R. Gritz); (5) "Tobacco Industry Funding of Women's Organizations" (Andrea M. Berman); (6) "Money Up In Smoke" (Victoria Leonard); and (7) "Women vs. Smoking: The Symbolic Conflict" (Michael Pertschuk). A bibliography and list of resources are included. (ABL)

Not Far Enough: Women vs. Smoking

A Workshop for Women's Group and Women's Health Leaders

Convened by the Advocacy Institute in cooperation with the National Cancer Institute and the Harvard University Institute for the Study of Smoking Behavior and Policy

February 4, 1987

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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Preface

In 1904, a woman was arrested on Fifth Avenue for smoking a cigarette, while a procession of bemused smoking males passed by unharrassed. For the next 50 years, with the creative encouragement of the emerging giants of the cigarette industry, the right to smoke became a symbol of women's liberation and equality.

That liberation came at a terrible price. As the lung cancer rate for women soared, passing breast cancer as the leading cause of cancer in women in 1985, women achieved the grisly equality Health Secretary Califano had predicted: "Women who smoke like men, die like men."

On February 4, 1987, a group of women leaders--active both in public health and in a wide diversity of women's organizations—gathered together in Washington (under the auspices of the Advocacy Institute, the National Cancer Institute, and the Harvard University Institute for the Study of Smoking Behavior and Policy) to take stock of the common effort.

A series of papers—on smoking's role in women's disease and death, on women's smoking behavior, on the role of the tobacco industry—set the stage for an intensive effort by the participants, working in small groups, to hammer out together an agenda of strategies to combat smoking among women. The highlights of those papers, and a synthesis of the most favored strategies, form the body of this report.

Out of the coming together that day, there also grew an increasing sense of a shared need and desire to build a mutual support network—to share the knowledge and experience gained in the effort to enable women and women's organizations to combat smoking.

As a result, the Advocacy Institute has agreed to serve as the secretariat of such a network—and, in a sense, this report is the first product of the network. By September 1987, we expect to have the network in place and ready to serve women throughout the United States—with an information clearinghouse, a newsletter, action alerts, and a problem-solving hotline.

For 50 years, smoking reigned as a symbol of women's freedom. Now we know that smoking only substituted one form of enslavement for another. That's why the workshop participants chose to name their effort, the "Not Far Enough Network."

We invite all concerned women leaders and activists to join. All it takes is a brief note, identifying yourself and your organization, to:

The Not Far Enough Network
Suite 600, 1730 M Street, N.W.
Washington, D.C. 20036-4505

Executive Summary

Not Far Enough:
Women vs. Smoking

Summarizing the proceedings of any gathering of leaders from different disciplines is never easy; but summarizing the range of ideas and individual voices which shaped the February 4th workshop is especially difficult. It was a small group, and the informal structure, in which presenters were part of the audience and vice versa, fostered an enthusiasm and freedom of expression impossible to convey on paper. However, the length of this report demands the following brief summary of the basic issues and ideas which were offered to the group by the presenters.

Helene Brown

Jonsson Comprehensive Cancer Center
Los Angeles, California

Keynote Address

"It is as you will it to be."

Helene Brown's inspirational talk stresses community: "Regardless of our intentions, we haven't got a prayer of a chance if we are isolated in our efforts." Using the anti-war and civil rights movements as examples of successful citizen action campaigns, she calls on the women's community to work together against another common enemy—the tobacco industry. Ms. Brown suggests that a networking system for sharing information, tactics, and mutual support, should be the initial step. Summing up her eloquent remarks, she states, "There is nothing quite as powerful as women getting together with a sense of purpose."

Virginia L. Ernster, Ph.D.

University of California School of Medicine
San Francisco, California

Mixed Messages for Women: A Social History of Cigarette Smoking and Advertising

"Women Top Cig Target"
Advertising Age, *1981*

The article by Dr. Ernster from the *New York State Journal of Medicine* provided the foundation of her presentation and is reprinted here in lieu of her talk. Dr. Ernster's pioneering historical and cultural analysis of cigarette advertising aimed at women is a work-in-progress; every week brings some new example of the tobacco industry's constantly evolving efforts to make smoking attractive to women. Thus, Dr. Ernster peppered her presentation with visual examples from the previous Sunday's *Parade* magazine and other topical references. Her review of the changing imagery employed by the tobacco industry to market its product to women set the stage for the rest of the day.

A summary of Dr. Ernster's work is also available in a videotape. Details are listed in the **Resources** section at the end of this report.

Sally Faith Dorfman, M.D., MSHSA

Albert Einstein College of Medicine
Department of Obstetrics and Gynecology
Bronx, New York

Tobacco, Women, and Health

"One morning I heard on the news that lung cancer had finally beat breast cancer as the leading cause of cancer deaths among women."

As a private physician and as a member of the American Medical Women's Association, Dr. Dorfman has contributed significantly to a growing awareness in the medical community of the unique role health providers can play in the effort to counteract the misinformation of the tobacco industry's promotion of cigarettes to women.

Dr. Dorfman's presentation catalogues the staggering impact tobacco use has on the human body and its most primary functions. For women, Dr. Dorfman notes, this impact has special significance in the reproductive cycle; exposure to tobacco smoke, self-inflicted or involuntary, will adversely affect the female's ability to successfully reproduce, including diminishing the fertility of a smoking male partner's sperm. Dr. Dorfman also points out the paradoxical contradiction in the depiction of attractive, healthy, and sexy young women in cigarette advertising, and the actual negative cosmetic effects of cigarette smoking—bad breath, wrinkles, and dental problems. "Smoker's face," she demonstrates, is immediately recognizable

In conclusion, Dr. Dorfman calls for increased education and smoking intervention efforts tailored specifically for women, and increased involvement, both social and political, of all women in a spectrum of activities which will contribute to reducing tobacco consumption in our society.

Ellen R. Gritz, Ph.D.

Jonsson Comprehensive Cancer Center
Los Angeles, California

Which Women Smoke and Why?

"We need to face up to the presumptive rewards of smoking that are particularly appealing to women: weight management, an ideal of beauty, the control of negative affect, a feeling of "liberation," and the time marker or validation for time off. When some women give up smoking, they give up their breaks."

Dr. Gritz is a pioneer in the study of why women smoke: when and why they start, why they continue, and how and why they quit. Her paper summarizes the current data on smoking trends among women, noting the increasing conjunction in the smoking habits of the two sexes. Dr. Gritz concludes, "...we are in a period of transition, where norms for smoking and *not* smoking are shifting radically, almost by the day." For this reason, she argues, "we are currently in a period where we can deliver the second major wallop to women's smoking rates." Based on her own work in the field, Dr. Gritz points out that the social and cultural phenomena which contribute to the initiation and maintenance of smoking by women should also be plumbed for the keys they may provide to encouraging women not to start smoking and/or to quit.

Andrea M. Berman

Institute for the Study of Smoking Behavior and Policy
Harvard University
Cambridge, Massachusetts

Tobacco Industry Funding of Women's Organizations

"...the tobacco industry has been quite aggressive in trying to find them; as one respondent phrased it, 'They're pushing harder than we're pushing.' "

Although not delivered as an oral presentation at the conference, Andrea Berman's survey of women's organizations which receive tobacco industry funding illuminates a key component of the "women versus smoking" debate. For "obvious reasons," according to one respondent to Ms. Berman's survey, the tobacco industry seeks out opportunities to fund women's leadership (particularly political leadership) events and support structures. Out of a list of 68 women's organizations, Ms. Berman successfully contacted 53, of which 13 were currently receiving tobacco industry funding. Ms. Berman's study includes a discussion of the responses to her inquiries, including the significance of tobacco industry dollars to those who receive them.

Victoria Leonard

National Women's Health Network
Washington, D.C.

Money Up in Smoke

"Today, I want to inform you about two matters: why the tobacco industry is not our friend, and why it wants to be our friend."

"Outrageous" is how Victoria Leonard describes the vast sums of money spent each year by the tobacco industry to woo women and achieve "innocence by association." However, the many women's magazines that depend on tobacco ads for a significant portion of their advertising revenues, and events, like the Virginia Slims tennis tournament, also provide forums and opportunities for women to be seen and heard.

Ms. Leonard argues that neither confrontation nor condemnation will provide the means to wean women's institutions from the support system of tobacco dollars. Respect for financial needs, strong encouragement and the development of other options, or at least other opportunities, must be the goal. "We must pursue a realistic approach in our effort to isolate the tobacco conglomerates in order to protect the healthy survival of women's and minorities' activities."

Michael Pertschuk

The Advocacy Institute
Washington, D.C.

Women vs. Smoking: The Symbolic Conflict

"They [cigarette companies] would have women, and women's leaders, see them as enlightened friends of feminist aspirations... [they are] more accurately characterized as "drug pushers" and "child abusers."

As Mike Pertschuk points out, the literal life and death struggle between women and tobacco also is taking place in the realm of symbols and imagery. The tobacco industry has successfully appropriated images and ideas of special significance to women. Pertschuk argues that the "freedom to smoke" aspect of tobacco propaganda must be counterbalanced with the concept of freedom from addiction. "Women who smoke like men die like men"—yes; but, Pertschuk asks, is that what we want? Discussing the different tactics used by the tobacco industry to create an appealing image of its products, Pertschuk proposes several ideas that could be used to "take back" the symbolic territory of women's liberation currently occupied by the tobacco industry.

Network Strategies

The following strategy outline grew out of the afternoon workshop sessions and final plenary session. A draft strategy paper was provided to the conference participants as a leaping off point for a discussion of the possible methods to heighten awareness of tobacco use among women and to initiate smoking control efforts both by individual women's groups and through a network of coordinated activities. The outline is an abbreviated version of the many ideas and concerns that were raised by the conference participants. It is our hope that this outline will continue to evolve and expand as the "Not Far Enough Network" takes form and takes off.

Intraorganizational Initiatives

I. **Health Initiatives**

A. **Encourage an organizational nonsmoking norm by:**
- adopting smoking policies on agency premises
- providing assistance, institutional encouragement, or rewards to promote quitting (release time for smoking cessation programs, health insurance discounts for nonsmokers, fitness classes, support groups for smokers and quitters)

Caution: need to ensure that never-smokers and/or those who quit prior to agency campaign do not go unrecognized or unrewarded for their behavior

B. **Encourage a nonsmoking membership by:**
- regular newsletter or other communications features on smoking and women's health, including tips and guidance on smoking cessation
- organization-wide smoking cessation effort to include:
  - — goal of smoke-free membership
  - — rewards or recognition for never-smokers and quitters (one-time benefits such as reduced membership fee, T-shirts, etc.)
  - — encouragement of intraorganizational networking/support groups on women and smoking (i.e., include smoking interventions, self-help workshops, organizational conferences and annual meetings)
  - — development of resources (speakers, informational materials) to target constituency of organization and/or populations of special concern to organization, i.e., teenagers, pink collar workers, Hispanic women

II. **Public Advocacy**

A. **Public statement, declaration of organizational position, and/or activities to discourage women and smoking connection, to include:**
- letter-to-the editor campaign to local media
- community involvement in smoking education and prevention efforts, e.g., through churches, schools (peer counseling), other community organizations (use gathering places such as supermarkets to reach out to women)
- selective boycotts of local tobacco-related or tobacco-sponsored activities, selected products
- sponsorship of local countertobacco events or contests in explicit contrast and parody of tobacco-funded events (Virginia Slims tennis, More fashion shows, Marlboro Country music)

III. **Not Far Enough Network Activities**

A. **Develop women and smoking issue as one of unique significance to women by emphasizing its impact on women as:**
- individuals
  (lung cancer, heart attack, other diseases; wrinkles; as part of other addictive behaviors, i.e., eating disorders, alcohol; stress, and other behavioral issues)
- mothers
  (smoking and reproductive cycle; effect on fetus, infants and children)
- role models
  (parent and/or primary caretaker of children; job, career, or professional role models for other women)

B. **Create or highlight attention on women and smoking as an issue by:**
- national awareness day (or week, month, year, or decade) with goal of inspiring reduction in women's smoking rates
- national letter-writing campaign to women's magazines praising, requesting, or denouncing coverage of women and smoking or tobacco advertising aimed at women, combined with public identification and/or boycott of egregious offenders
- identification and promotion of spokespersons and experts on women and smoking issues (health, behavioral aspects, targeted advertising and impact) for use in

media and public forums, or to target and encourage nonparticipating organizations

Caution: need to emphasize *anti-industry*, not antismoker

- counteradvertising symbols or campaigns where appropriate

Caution: may not work for all situations or populations, i.e., Hispanic

C. **Develop, maintain, and disseminate resources for Network campaign and intraorganizational efforts:**
   - health, behavioral, smoking prevalence information
   - education, training of women's health professionals, and creation of materials and information appropriate for dissemination in health care setting

   Caution: need to be sensitive to smoking prevalence among lower-income, less educated women; development campaigns must address this target group

   - guidance or assistance manual for intraorganizational smoking policies, cessation efforts
   - media alerts, campaign ideas and assistance; permanent press kit on women and smoking issues
   - list of spokespeople and experts on women and smoking issues
   - ideas and assistance for efforts to reach special populations (minorities, teenagers, dropouts, etc.), e.g., involve teenagers in development of outreach to teenagers
   - sponsorship of forums and advocacy training on women and smoking issues
   - ideas and assistance for legislative initiatives at Federal, state, and local level to restrict tobacco marketing practices
   - support for disinvestment effort by identification of alternative revenue possibilities and/or creation of support fund

   Caution: need to ensure that organizations which have never taken tobacco industry support are rewarded for their stance

   - collection of resource materials on women and smoking (i.e., Virginia Ernster video), tobacco advertising facts and figures, etc.

Women vs. Smoking Workshop

Helene Brown

I'm not going to inventory the problems for you. That's done beautifully by Sally, Ellen, and Virginia. And this afternoon you'll hear more about the economics of the problem, the money going up in smoke. I'd like to talk about what I'm doing here—what you're doing here.

We're here because of compassion and mercy. If you've ever seen anybody living with the results of cigarette smoking—or dying from them, rather—then you know what I mean. Plus, we have an instinct to protect our young; we're like any other animal.

The topic of cigarette smoking, as discussed with me by Mike Pertschuk, started me thinking about things I haven't thought about for a very long time. I described this conference to my sister. She's in the film industry and is responsible for putting all those marvelous American Cancer Society posters in the background on "St. Elsewhere." Slowly, my family is making some inroads, primarily because we are embarrassed by one of my sons. He's the kid who jumps for Toyota—and does the Kool ads. It's embarrassing, but the money is awfully good (and that's one of the major problems we face).

Anyway, my sister wanted to know why smoking is different for women than it is for men. I told her that the problem itself isn't any different—it's that women have been targeted as the market for cigarettes in a way that men haven't. There is nothing that bothers me more than being targeted as a market for a product as dreadful as cigarettes. We have to look back a little to find out how women have bought into this whole thing, because indeed we have. I don't mean to blame the victim, but unknowingly, unwittingly, or whatever, women have bought into the negative attitudes about their sex.

Let's look at our own history to see why we have difficulties in facing the kind of information being shown to us this morning. Some of us were children of the Depression. I smoked first in the thirties. I was young, much too young; nevertheless, the ads attracted me. Some of us shared a bed with a sister, because there weren't enough beds to go around. Some nights we had corn soup for dinner, because that was the way to stretch one can of corn to feed a family of five. Some of us watched our mothers iron other people's clothing at home, because mothers who worked outside of the house were considered guilty and unclean—simply because they had skills and motivation and wanted to buy another bed. I saw that in my family—my mother stayed home and ironed—and I thought that was the way it had to be; I bought into it.

During the Second World War, Lucky Strike Green—that's the one that attracted me and kept me from getting the double chin that I had been used to seeing as a child—came up with the slogan, "Lucky Strike Green has gone to war" and turned their green package white (we couldn't dye things during the war). They made it seem like they were making an enormous sacrifice. The ads also told us to "walk a mile for a Camel." We thought smoking was very sophisticated because of the role models we saw, so we bought cartons of cigarettes. Perhaps we didn't know any better. I certainly didn't. Nevertheless, we brought it on ourselves, in a way. We dated soldiers and sailors during the war, and listened to the men talk: "I hope I score tonight," "She's good snatch," "What a dish." I heard things like that constantly, but didn't do anything about it. I never stood up and said, "You've gone far enough." I never asked my friends why we didn't fight back. We laughed a little, but mostly we were quiet, because those words weren't in our vocabulary. Again, we bought into it; we figured it wasn't hurting anybody a great deal.

Some of us marched in Florida and Mississippi. We always tried to do whatever we could, and we saw some changes. Some of the changes we brought about ourselves, at times with what we classified as pitiful efforts. During the protests of the Vietnam War, I used to come home at night and say, "It's just pitiful that we're doing it this way." How can you stop a war with slogans about love and bouquets of flowers? How can you stop a war carrying a poster? One poster in particular had one of the most creative sentences in the world on it. It said, "War is not healthy for children and other living things." You're all familiar with it. It was a beautiful poster; I still have it. But I said to myself every single night, "What the devil am I doing trying to stop a war with a damn poster?"

But you know what happened? We stopped a war. We linked together adult groups, teenage groups, male groups, female groups—organizations that had never worked together before—and with little things like posters, slogans, and key chains that we sold to raise money, I'll be damned if we didn't stop the war and drive L.B.J. out of the White House. It's the most amazing thing I have ever seen.

We accomplished other things at the same time: we became advocates, learned how to approach politicians when they voted for money, and learned how to counsel kids.

"You've come a long way, baby." Virginia Slims, or whoever it was that coined that phrase, wants us to use it. Well, we can use it in a mighty fine fashion. We can object loud and clear to the impositions that have been put on us as women. For example, you can't tell us anymore that we don't need equality in

divorce, because we've begun to stand up and say we do. We're paying attention to it now.

There is a sinister move in this country to get women's groups to pay too much attention to pornography, to fight pornography in any way they can. How can we devote all of our time to fighting pornography when poverty is the biggest obscenity we have in the Nation today? I think we understand that none of us in this room can afford to take up the cause of cigarette smoking with all of our energies. It's not in the cards. But we are sitting here today because we want to find out how we can devote at least part of our energy, a little window of our time, to a problem the roots of which go awfully deep. That's why we're here.

I congratulate everybody in this room for coming. Some people didn't show up. They didn't show up because they didn't want to come. They didn't show up because they couldn't come. They didn't show up because they don't want to fight the Tobacco Institute, because they are dependent on Tobacco Institute dollars. That's an undermining of the democratic process that we really have to think about. It's very obvious to me every time my son pulls into the driveway with his Porsche. I've never driven a Porsche in my whole life. My kid has one and he got it by representing Kool.

Let's talk for a moment about what has happened in the last 20-odd years of the women's movement. We can congratulate ourselves on a great many things, but there are still many problems. I'll recite a few of them. Women still earn only 64 cents to every dollar that men earn. We are still crowded into the clerical and service jobs. Divorce still bankrupts most women who go through it.

The question we must face is whether or not, with so many problems still unsolved for women, we can afford to put some of our energy into an antismoking movement, when we know that we may not win the whole ball of wax. The answer must be yes. We can afford to give some of our time, effort, and energy because the profits are immeasurable.

Regardless of our intentions, we haven't got a prayer of a chance if we are isolated in our efforts. We must work together. The first thought that occurs to me is that we ought to, as a group, send letters to some of the magazines that were mentioned, encouraging them to refuse cigarette advertising. That's simple to do. Or, we could send a letter to "St. Elsewhere," thanking them for putting the American Cancer Society posters on the wall. Perhaps a newsletter would be a good medium through which to distribute these kinds of tasks among us, and could also provide information on how to obtain important slides, posters, statistics, self-help materials, etc. (For the posters on "St. Elsewhere," call the American Cancer Society. They're free! Keep a few of them in your drawer. When somebody comes in who has a place in their office to put one up, let them take one They don't do the American Cancer Society a particle of good sitting in storage.)

I don't know who said it first, but some time ago someone suggested we put condoms in vending machines and cigarettes on prescription. It might be time for us to pick up that idea; it's the best suggestion I've heard in a long time. It grabs people's attention and says something very important.

In all of these statistics, I have yet to see a slide that shows me in a bar graph how many people have quit, and what those years of life saved mean economically. We have the opposite, statistics that tell us it costs $4,000 to $6,000 a year for every employee who smokes. But I want to see the positive aspect—what it means economically to save the life of a teenager by getting him or her to stop smoking or not pick up cigarettes in the first place. I know we have the information because I've seen it; it just needs to be reproduced graphically.

Somehow we've got to develop a networking system through which this type of information can be passed around to all of us. Every one of our organizations has its own newsletter. A column on the smoking problem each month might do it. And perhaps we could have a lending library for the slides; carousels are passed around and everyone maintains responsibility for passing them back.

Finally, we should get four or five of our agencies and organizations to form a core group. These organizations could have telephone conferences among themselves whenever something is ready to hit big, like the next Surgeon General's Report. Before the current Report came out, some of us knew what the topic was going to be. If we had had a network in place at that time, those in the know could have passed the information on to others. Don't be dismayed, as I often am, by the fact that the tobacco industry has so much more money than we do. We have done remarkable things in this country, things nobody ever thought we could do. We know that when we mobilize our grassroots machinery, we can do things. There is nothing quite as powerful as women getting together with a sense of purpose.

We need to put together some kind of action plan. There have been many suggestions this morning. One thing we need to keep in mind is the interrelationship of our organizations. There is no way **one** of us can march with a poster and stop a war. But groups of women with posters and sticks can solve huge problems.

Let me close by telling you a story. It's one I want you to use. It's a story about King Solomon. Some of you have heard it before, but I'm going to tell it again.

King Solomon, you may recall, was the wisest man in the world. People used to come to him with all of their problems and questions, and he was never, ever wrong. One day there was a long line of people before the palace waiting to bring their problems to the king. There were two beggars in the line. One beggar said to the other, 'I can beat this guy." The other beggar said, "No way, he hasn't been beaten all these years. You can't prove him wrong." The first guy said, "I can, and very easily. I am going to go out and get a bird, and I'm going to put him in my hand, and I'm going to walk up to King Solomon and ask him if the bird is alive or dead. If he says the bird is dead, I open my hand, the bird flies out, and he is wrong. If he says the bird is alive, I squash the bird, open my hand, and he is wrong. There's no way to win." So the two of them made book on the matter, and the first beggar found a bird and appeared before King Solomon. The beggar said, "King Solomon, I have a bird in my hand. Is it alive or dead?" King Solomon looked the beggar right in the eye and said, "It is as you will it to be."

It seems to me that's the kind of problem we have today. Thank you all so much. This has been most enjoyable, and we have a great afternoon to look forward to.

Mixed Messages For Women

A Social History of Cigarette Smoking and Advertising

Virginia L. Ernster, Ph.D.

They want to make you think that cigarettes will make you beautiful but really they just want to make money. Those ads are dumb because cigarettes make you die.

—7-year-old girl looking at mother's magazine

Messages promoting cigarette smoking are everywhere—in advertisements in the printed media, on billboards, on public transit, and in routine encounters with individuals who smoke. These appeals are countered by warnings by public health officials, health charities, school programs, and no-smoking signs. As the young girl's observation reveals, cigarette smoking has been fraught with mixed messages.

Over the years, the content and magnitude of the enticements and the warnings have changed, as has the social symbolism of cigarette smoking. American women began to smoke in large numbers two to three decades after American men, juxtaposing the sexes in different historical relation to emerging medical data on the health hazards of smoking. Cigarette smoking was initially a symbol of emancipation for women, and it has since become associated with self-destruction.

The Early 1900's: Smoking is Avant Garde

At the turn of the century, cigarette smoking was socially unacceptable for women, but was gaining a foothold with American men, who still showed a preference for cigars. The cigarette had long been deemed a feminine object compared to the cigar. In the mid-19th century it was considered poor taste for gentlemen to smoke in public during hours when women might be encountered, and at the end of the century, women could not join their male companions in the smoking room after dinner, even in private gatherings.[1] It was written of the period, "Between the lips of a woman [the cigarette] was generally regarded as no less than the badge of questionable character."[2]

Lucy Page Gaston, founder of the Chicago Anti-Cigarette League at the turn of the century, claimed that young boys who smoked developed "cigarette face," a condition that eventually led to "drink, crime, and dreadful death."[3] She also decried smoking by women on the grounds that it undermined family values and the moral fabric of society. Gaston's efforts resulted in the enactment of local and regional laws prohibiting smoking.

Smoking by women in public places met considerable opposition. In 1904, a policeman in New York City arrested a woman for smoking a cigarette in an automobile, with the admonition, "You can't do that on Fifth Avenue."[4] Smoking by female schoolteachers was considered grounds for dismissal.[3] In 1906, in *Cigarettes in Fact and Fancy*, Bain observed that "American girl stenographers clandestinely smoked Egyptian cigarettes."[5] A headline in the New York *Herald* in 1908 read, "Women smoke on way to opera: are discovered puffing cigarettes when electric light beams into their carriage." In 1910, Alice Longworth, President Roosevelt's daughter, was scolded for smoking in the White House and retorted she would smoke on the roof.[6]* The potential for widespread adoption of cigarette smoking by women occasioned public alarm. New York's Sullivan Ordinance of 1908 made it unlawful for women to smoke in public, but the ban was largely ignored.[7]

Given the social climate of opposition to smoking by women, advertisers refrained from copy that suggested an appeal to women. Not until 1919 did a tobacco company (Lorillard) sponsor a series of advertisements for brands such as Murad and Helman in magazines and newspapers showing images of women.[3]

There are no reliable estimates of the breakdown of cigarette consumption figures by sex during the first two decades of the century. It is believed that the majority of cigarette smokers were men and that women who smoked did so much less than men. World War I is credited with changing the social climate for cigarette smoking. American tobacco companies (often aided by charities) supplied cartons of cigarettes to soldiers abroad, converting many young men to the smoking habit, while at home women began venturing to smoke in public.

The 1920's: "Emancipation"

In 1929, Barnard commented on smoking prevalence:

> Women war workers took up the habit abroad and women at home in their men's jobs and new-found independence did likewise. Within the next three or four years cigarette smoking became the universal fashion, at least in cities, and children born since the war take smoking mothers for granted.[2]

In 1923, 5 percent of all cigarettes were consumed by women, increasing to 12 percent by 1929. (These figures may underestimate the proportion of women who smoked. Women on average smoked fewer

*She would later appear in an advertisement for Lucky Strikes. (Editor)

cigarettes per capita than men, Moody reports daily consumption of 2.4 cigarettes by women compared to 7.2 by men who smoked in 1929.[8])

Once associated with indecent women or the ultrarich, cigarette smoking made inroads among social trendsetters in the 1920's. Fass[9] documents the symbolic importance of cigarette smoking to the crumbling of the double standard and emerging equality of female college students. In the early 1920's, smoking by women was banned on most campuses. Most college newspapers, reflecting the view of students but not of administrators, took positions in favor of smoking by women students. The issue became a cause célèbre in 1925, when the president of Bryn Mawr permitted smoking rooms on campus. But smoking by women was still grounds for dismissal at many institutions. The University of Southern California refused registration to women students who smoked. In 1927, women at Stanford were permitted to smoke and the *Chronicle* of Duke University carried an advertisement for Old Gold, featuring two young female smokers. Fass states, "Smoking was perhaps the one most potent symbol of young woman's testing of the elbow room provided by her new sense of freedom and equality."[9]

Female students were the vanguard, and their behavior did not necessarily reflect smoking attitudes and patterns among the general population. Schudson[10] examined media reports of smoking-related activities in colleges and in public facilities such as railroads, restaurants, and art galleries. Views of female smoking ranged from condemnation to acceptance. In New York City, cigarette accessories could be bought at jewelry stores, and one tobacco shop catered exclusively to women customers.

Despite the growing number of women smokers, cigarette manufacturers were concerned about a prohibitionist backlash, and they refrained from promoting their product directly to women. In a 1926 article, "Why cigarette makers don't advertise to women," Bonner stated, "The cigarette people are frankly afraid of stirring up the reformers and bringing down upon themselves a lot of nuisance legislation."[11] The article cited evidence of "indirect" appeals to women, including the slogan "Mild as May" for the recently introduced Marlboro brand, and the billboard advertising Chesterfield cigarettes that featured a young woman and her smoking male companion on a moonlit night. The woman in the Chesterfield advertisement appeared to be enjoying her escort's smoke: the caption said, "Blow some my way." The article predicted that public opinion would soon be on the side of the tobacco industry, and that within a year or two direct advertising appeals to women would be appearing on billboards, and in magazines and newspapers.

In 1927, Williamson discussed with obvious disdain "the firm-rooted belief in the reactionary mind that women—decent, respectable women—do not smoke." The author stated, "There can be but little doubt of the way the wind is beginning to blow, and with such a market awaiting the manufacturer we may expect almost any day to see him right after it."[12]

Two months later, an article titled "Marlboro makes a direct appeal" describes Marlboro's advertising campaign portraying a woman smoking on the back cover of *Le Bon Ton*, a women s fashion and travel magazine with a sophisticated readership Shortly thereafter, a series of single column advertisements appeared in magazines and newspapers, showing a feminine hand in silhouette holding a lit cigarette with the "Mild as May" theme. By April of 1927, direct appeal insertions appeared in leading general and women's magazines. The copy suggested the social desirability of Marlboro: "Women—when they smoke at all—quickly develop discriminating taste... That is why Marlboros now ride in so many limousines, attend so many bridge parties, repose in so many handbags." In what may be the first promotional activity for cigarettes directed at women, these advertisements included an offer to receive free, upon request, the new Marlboro bridge score. A related development was the decision of *Pictorial Review* (which, like other mass circulation women's magazines of the day, had refused tobacco advertising) to accept such advertisements beginning with the May 1927 issue.[13]

Other signs of the changing times included opera star Ernestine Schumann-Heink's endorsement of cigarettes—although ultimately she came out against smoking after antitobacco crusaders succeeded in convincing some recital halls to cancel her appearances. Testimonials from film actresses and other female public personalities, including Amelia Earhart, appeared in cigarette advertisements. In the late 1920's, models, and later prominent debutantes, were hired by Edward Bernays, public relations manager for Lucky Strike, to appear smoking in public in an effort to attract media attention. Bernays managed to commandeer the fashion industry to make green—the color of the Lucky Strike package—the color of fashion one year, hoping that coordinating Lucky Strikes with women's clothing would increase sales.[3]

The most renowned advertising campaign of the period directed at women was the association of cigarette smoking with staying slim, launched in 1928 with the slogan, "Reach for a Lucky Instead of a Sweet."

The campaign brought on much hue and cry, especially from the candy industry, but to this day is

considered one of the great successes in advertising history.[3]

Despite the many indications of a transition in cultural values, traditional views linking female smoking with immorality persisted in large segments of the population. Senator Reed Smoot, on June 10, 1929, introduced an unsuccessful bill in Congress to extend to tobacco the provisions of the Pure Food and Drugs Act of 1906. His remarks on the Senate floor reveal that the initial reluctance of the tobacco manufacturers to promote their product to women showed an awareness of the still prevalent sentiment:

> Not since the days when public opinion rose up in its might and smote the dangerous drug traffic, not since the days when the vendor of harmful nostrums was swept from our streets, has the country witnessed such an orgy of buncombe, quackery, and downright falsehood and fraud as now marks the current campaign promoted by certain cigaret [sic] manufacturers to create a vast woman and child market for the use of their product.[14]

The 1930's: Smoking is in Vogue

Rudy Vallee composed his song, "My Cigarette Lady" in 1931.[15] Within a few years, First Lady Eleanor Roosevelt was smoking in public.[16] An analysis of 40 motion pictures published in 1935 found that 30 percent of heroines smoked in the films compared to only 2.5 percent of villainesses.[17] (The comparable figures were 65 percent for heroes and 22.5 percent for villains.) That male and female "good guys" were portrayed as smokers suggests that cigarette smoking, by the 1930's, had achieved a high level of social acceptability. But the percentage of women in the general population who smoked was still less than that of the motion picture heroines. The Fortune Survey of 1935, quoted in the absence of national data, found that 52.5 percent of men and 18.1 percent of women reported themselves to be cigarette smokers; these figures varied with the respondent's age and place of residence.[18] Women under 40 years of age were more likely to say they smoked cigarettes than women over 40 (26.2 percent versus 9.3 percent). Women's smoking was most common in cities with populations between 100,000 and one million people (40.2 percent) and least common in rural areas (8.6 percent). An estimated minimum of 14 percent of all cigarettes was consumed by women in 1931.[8] An economic analysis of trends in tobacco production published in 1936 credited World War I and adoption of smoking by women with the "virtual doubling of demand since 1920."[19] One article hinted that pipe manufacturers might try luring the female market, given the success of the cigarette in attracting female customers.[20]

Cigarette advertisements began to appear in major middle-class women's magazines such as *McCall's*, *Ladies Home Journal*, and *Better Homes and Gardens*. These advertisements were now directly pitched toward women. In general, advertisements of the period featured testimonials from American women socialites (a series for Chesterfields), celebrities (including opera star Helen Jepson for Lucky Strikes), elegant settings (during the Great Depression), athletic-looking women, and women whose smoking made them sexually attractive, judging from the number of male admirers depicted in the advertisements.

Observing that handbags and compacts were now designed for holding cigarettes and women were no longer concerned about smoke and ashes on their furnishings, Gottsegen commented in 1940 on the cultural context of unisex behavior:

> Cigarettes have become an item of consumption by women and men during the same era when women's dress is approximating that of men in type of cloth, color, design, and silhouette, and when many items, formerly restricted to men's use, are now being purchased for women's consumption.[21]

1940's-1960's: Smoking is the Middle Class

By World War II, one-third of American women smoked cigarettes.[24] During the war, the advertising campaigns of cigarette companies managed to link smoking with patriotism. Free packs were delivered to the armed forces, and in magazines women who smoked were depicted as role models hard at work in the national effort.[25-27]

The image of the female smoker as responsible and independent ended with the war. In advertisements during the second half of the 1940's, women were portrayed as wives and lovers, expecting or enjoying reunions with returning husbands and beaus. In an early morning scene from an advertisement of the period, an elegantly attired couple, arm-in-arm, look out the window. The text read, "It's spring again. It's two again. Just the way it used to be. Two to grab for the morning paper. Two places to set at the table. And two Chesterfields over two cups of coffee."[28] Another advertisement features a bride slipping a carton of cigarettes into her honeymoon suitcase.[29]

According to representative national surveys,[24] the prevalence of smoking among American women continued at relatively high levels through the mid-1960's (by then 33 percent), in contrast to American men, among whom the proportion of American smokers began to decline in the 1950's. During this time, evidence of the serious disease risks

associated with cigarette smoking—particularly the risk of lung cancer—was emerging from epidemiologic studies and was being broadcast to the public. Although most of the early health statistics were based on studies of men, it is probably fair to conclude that women who chose to smoke during this period did so with at least a suspicion that the incriminating medical data applied to them also. Because of the availability of television for cigarette commercials, cigarette advertisements were not as prominent in the printed media during the 1950's and 1960's. Women's magazines of the period are therefore not a reliable index of the extent to which women were targeted in cigarette promotions. A review of three such publications (*Ladies Home Journal, McCall's,* and *Better Homes and Gardens*) for the years 1945, 1950, 1955, 1960, and 1965 revealed that the number of cigarette advertisements per issue ranged from zero to three.

1970's-1980's: Women Smokers are Exploited

The tobacco industry publicly acknowledges that it is directing much of its contemporary advertising to the female market. A front-page article in *Advertising Age,* in 1981, headlined "Women top cig target" quotes the president and chief executive officer of R.J. Reynolds describing the women's market as "probably the largest opportunity" for the company.[30] The article cites industry sources who viewed the working woman, under stress, as the ideal candidate for their product. In 1983, a major article in *Advertising Age* appeared under the headline, "Marketers clamor to offer lady a cigarette."[31] Referring to the European market, a recent editorial in a tobacco trade publication entitled "Targeting women" noted the following:

> Women are adopting more dominant roles in society; they have increased spending power; they live longer than men.... All in all, that makes women a prime target as far as any alert European marketing man is concerned.[32]

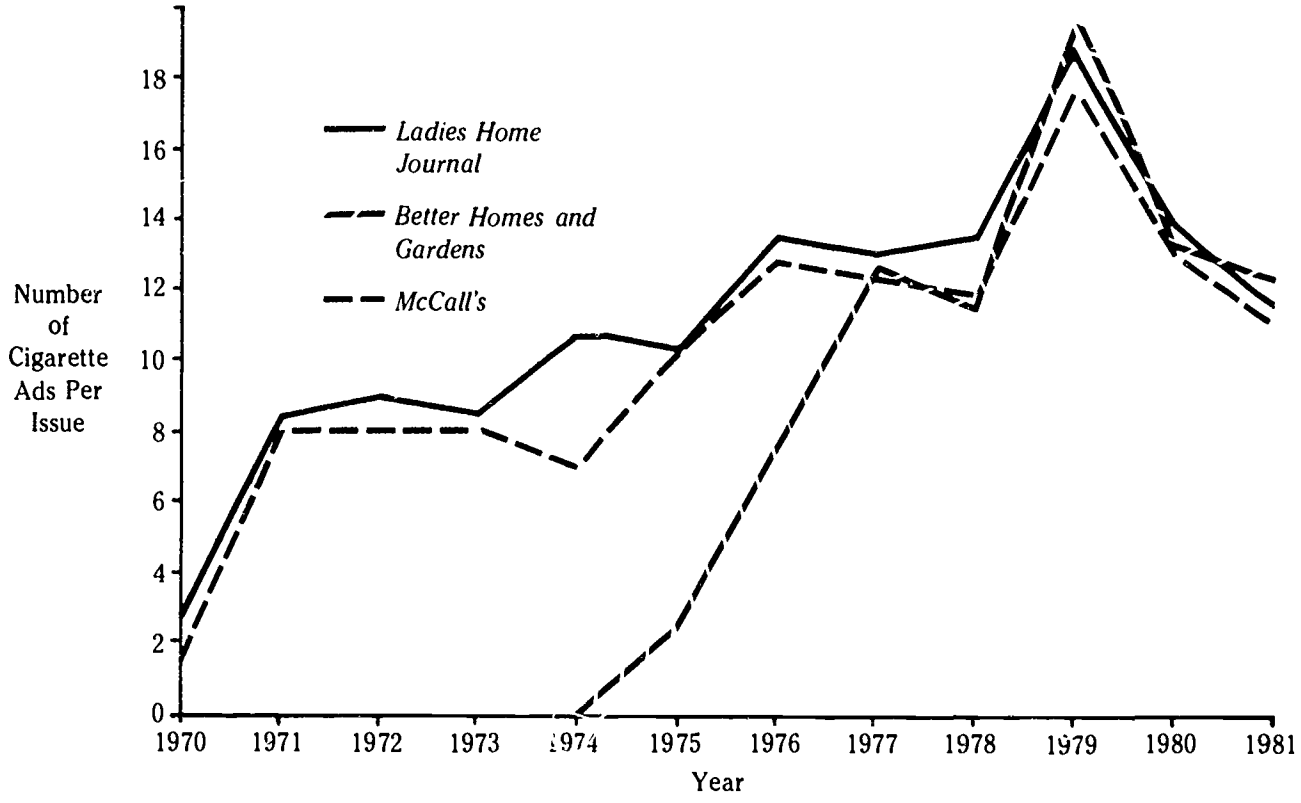

Figure 1. Average number of cigarette advertisements per issue in three women's magazines 1970-1981.

In recent years, a number of cigarette brands marketed specifically to women have been introduced, the most successful of which has been Virginia Slims (Philip Morris). Other brands that are marketed primarily to women include Eve (Grand Metropolitan), Satin (Loews), More (R.J. Reynolds), and Ritz (R.J. Reynolds).

Following the ban on cigarette advertising on radio and television, the number of cigarette advertisements in women's magazines increased dramatically (Fig. 1). By 1979, cigarettes were the most advertised product in some magazines, with as many as 20 advertisements in a single issue.[33] Women's magazines are an important outlet for advertisers, since many of them rank among the best selling publications in the country. Of the 20 top-circulating magazines in the United States in 1980, 8 were directed primarily at women, including 6 of the top 10 publications. Some of these magazines have estimated female readerships of more than 20 million.

Except for *Good Housekeeping*, which has long refused to accept cigarette advertisements, the major women's magazines have become heavily dependent on such income. (*Seventeen* magazine, although not among the top sellers, also does not accept cigarette advertising, a significant stance given its target audience of young women.) Table 1 shows the average number of cigarette advertising pages per issue and the percentage cigarette advertisements represent of all advertising revenues for the major women's magazines in 1984.[34]

Work by Whelan and colleagues[35] suggests that the editorial policy of women's magazines that accept cigarette advertising is restrained in reporting the health hazards of smoking. Her group counted the number of articles about smoking that appeared in such major women's magazines during the period from 1967 to 1979; the number ranged from zero in some magazines to a maximum of two in others.

Table 1

Cigarette Advertising in Major American Women's Magazines, 1984[1]

Magazine	Cigarette Advertising Revenues	Cigarette Advertising % of Total Revenues	Average Number of Cigarette Advertising Pages Per Issue
Better Homes and Gardens	14,970,751	11.9	14.8
Cosmopolitan	7,545,290	7.9	14.6
Essence	1,541,100	11.5	9.0
Family Circle	16,274,466	12.5	12.5
Glamour	5,753,343	8.2	12.2
Good Housekeeping	0	0.0	0.0
Harper's Bazaar	2,751,285	8.8	10.1
Ladies Home Journal	9,316,713	14.0	14.0
Mademoiselle	2,450,081	6.8	8.6
McCall's	10,706,748	14.0	13.3
Ms.	503,370	7.9	3.9
New Woman	1,404,935	20.1	9.6
Redbook	8,004,851	15.1	13.8
Vogue	3,622,795	5.4	12.2
Woman's Day	13,826,055	12.5	12.8
Working Mother	981,200	8.9	6.3
Working Woman	1,831,850	9.7	9.6

[1]Source: Ref. 35

Cigarette promotions are not limited to suggestive copy. Many coupon offers for discounts or free packs appear in magazines and newspapers. In May 1983, an offer appeared in newspapers around the country for women to call a toll-free number and receive two free packs of Satin cigarettes and a pouch in which to hold them. The offer elicited an estimated 1.3 million calls within a 10-day period (Joanne Luoto, M.D., director of the Federal Office on Smoking and Health, personal communication). The More brand of cigarettes (R.J. Reynolds) was promoted by sponsorship of fashion shows in 18 shopping centers throughout the United States. The publicity included a 4-page advertisement in the March 1982 issue of *Harper's Bazaar*. Reynolds also sponsored a sweepstakes contest; the entry blank was included in an advertisement in *Woman's Day* magazine (April 6, 1982), and was accompanied by a discount coupon for More cigarettes. Philip Morris has offered clothing (including a rugby outfit and a T-shirt that reads, "You've come a long way, baby") and calendars (The Virginia Slims Book of Days) in exchange for money and proof of cigarette purchase. Philip Morris sponsors the Virginia Slims professional women's tennis tour. Cigarette samples are given away at the entrance to the tennis matches. Leading professional women's tennis players have not taken public positions opposing cigarette promotions.

The industry has succeeded in being associated as a financial benefactor of the women's movement. *Ms.* magazine accepts a sizeable share of its advertising budget from cigarette companies and has yet to print a story on smoking, despite its inclusion of many health-related articles.[36] The National Organization for Women has had its meeting program partly underwritten by Philip Morris and recently refused to print in its national newsletter an advertisement taking *Ms.* to task on the cigarette advertising issue (Polly Strand, personal communication). By their silence on the issue of tobacco company exploitation of women, even when challenged, these representatives of the women's movement, as well as publishers of women's magazines, must be viewed as accomplices in what has come to be called an "equal opportunity tragedy." The magnitude of current efforts to target women in cigarette advertisements and other promotions lends an aura of social legitimacy to a product whose users are often victims. British journalist and physician Bobbie Jacobson discusses social forces, including cigarette promotions, that contribute to smoking among women in her book *The Ladykillers: Why Smoking Is a Feminist Issue.*[37]

Conclusion

The negative moral connotations of smoking by women at the turn of the century gave way to the cigarette as a positive symbol of emancipation. Today, cigarettes once again have a negative image, but for health rather than moral reasons. What is the social meaning of cigarette smoking for the contemporary woman—or girl, since the decision to smoke is usually made before adulthood? The evidence suggests that women who are most "emancipated," if attained education is the measure, are no longer the most likely to smoke. Women with college educations and teenage girls who are college bound are less likely to smoke than women with less education and girls who are not college bound.[24,38,39] However, cigarette smoking continues at relatively high levels among women in the general population (25 to 30 percent). The symbolism of emancipation seems to persist and is deliberately fostered by the tobacco industry. Advertisements for cigarettes have always portrayed women favorably—as athletes, fun loving, glamorous, sexually attractive, and as "in" socialites or flaunters of old-fashioned ways; they are rarely depicted in passive or traditional roles. For many young women, smoking still signifies defiance and independence. To this day, the messages about smoking for women continue to be mixed.

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Introduction

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I feel as if I am preaching to the converted. Most of you are very familiar with this topic. I will try to present material you may not have heard, or at least give it a fresh perspective and a sharper focus.

I stand before you as a woman and as a physician who chose to specialize in obstetrics and gynecology, and is also board certified in public health and preventive medicine, a card-carrying reserve officer of the U.S. Public Health Service, trained as a reproductive health epidemiologist at the Centers for Disease Control. I am also a member of the American Medical Women's Association (AMWA) Task Force on Women and Smoking, which I represent here. AMWA is a national organization of women physicians and medical students that has over 140 branches throughout the U.S., with a membership of over 10,000 women doctors. We are now engaged in a major campaign to prevent and decrease smoking among women and girls. Our annual meeting in late October will focus on this, and will include specialty-specific educational workshops. Our campaign sign was derived by superimposing the symbols for women (the "Venus" astrological sign), medicine (the caduceus), and "no smoking."

One morning I heard on the news that lung cancer had finally beat breast cancer as the leading cause of cancer deaths among women. Coming home from work at an inner city hospital later that day, I spotted a new billboard advertising a new cigarette perpetrated by a prominent fashion designer, using the colors of black nationalism. I became livid. A new designer cigarette for minority women struck me as just what this country doesn't need. The Surgeon General's warning, dutifully included in the usual barely-visible print, did little to assuage my anger. I thought of myself, and all my colleagues, and all the students we train, and all the patients that we counsel in the importance of preventive medicine, breast self-examination, pap smears, and annual pelvic examinations. How we struggle, knocking ourselves out to minimize the ravages of an unpredictable Mother Nature. Meanwhile, a cynical, profit-motivated industry, loudly self-proclaiming its innocence, preys on the secret fears of women and seduces vulnerable adolescents through deceptive lures of slenderness, sex, popularity, sophistication, glamour, good times, and liberation to commit slow, expensive, and horrible suicide. And it's not just these individuals and their families who suffer, although that is surely bad enough, but also their coworkers, neighbors, and passersby, in short, everyone who is forced to inhale the air they pollute and subsidize the medical expenses that they cause.

By now, all of us (except for a few tobacco spokespersons) know that tobacco, cigarettes, and smoke are bad for our health. Surgeons General repeatedly tell us that cigarette smoking is the most significant environmental factor contributing to illness, disability, and death in the United States—everything ranging from colds, asthma, and stomach ulcers to heart attacks, strokes, emphysema, and cancer. The reports consistently show a strong, dose-related effect between smoking initiation at an early age, and mortality from cardiovascular disease, chronic obstructive lung disease, and cancer. Nearly 1,000 smoking-related deaths occur each day, about 350,000 each year; that is more Americans killed in one year by cigarettes than by all U.S. wars of the 20th century. Thirty percent of all cancer deaths, and 80 percent of lung cancer deaths, are related to smoking.

Cigarette smoking among men became prevalent around World War I. Women began to catch up around World War II, some 25-30 years later. Rising rates of lung cancer deaths for men antedate those for women by just about 25-30 years. Even if we became a smokeless society by the year 2000, lung cancer deaths for women would continue to rise into the 21st century.

About one-third of American adults still smoke on a daily basis. Although smoking has declined among men, it has increased among women aged 20-44, and slightly more so in recent years for black women. Now, the overwhelming majority of both men and women began smoking as teenagers. The earlier people start to smoke, the less likely they are to quit, and the more likely they are to become heavy smokers. More teenage girls (20.5 percent) now smoke than boys (16 percent), 18 percent of the female college freshmen, compared to 10 percent of the males. The fastest growing group of smokers in this country is young women below the age of 23. Each day, more than 2,000 American teenage girls start to smoke. As Ellen Goodman wrote, today, the Marlboro man is a young woman. Women may find it more difficult to quit smoking than men do, perhaps slightly more so for black women. Tobacco addiction, illness, and death, I am sorry to say, are equal opportunity employers. Affirmative action, supported by extensive advertising, has insured equal, if not disproportionately greater access for all women, and especially black women.

Women's Health Consequences

Although these numbers are damning enough, there is another very large part of the story that makes this an important women's issue, namely target organs and suffering that are uniquely or predominantly

female. What differentiates women from men, after all? We all have lungs, hearts, and blood vessels, but it is the potential to independently incubate and nurture the youngest members of the newest generations that separates the girls from the boys. Tobacco has been associated with adverse effects on just about every conceivable—and anticonceivable—aspect of the process, namely fertility, the ability to impregnate, conception, implantation of the conceptus, spontaneous abortion, stillbirth, pregnancy, low birth weight, childhood illness and death, risk of oral contraceptives for older women, and even anesthetic risk associated with sterilization surgery. Estrogen, the hormonal essence of femininity, may be altered by smoking: smokers seem to have about 50 percent more of an enzyme that may reduce the amount of estrogen in the body. For women who have survived the childbearing years, smoking is associated with more osteoporosis and bone fracture, with its attendant morbidity and mortality for older women.

Cosmetics

Let's take these issues one at a time, starting with the most superficial. The first step in reproduction, traditionally, involved finding a mate. Cigarette advertisements generally depict athletic, young-looking, freshly scrubbed, clean air types, emulating the ideals of our culture. The reality is quite the contrary. Cigarettes cause bad breath, gum disease, dental problems, hoarse voice, cough, decreased senses of smell and taste (in self-defense?), stained teeth and hands, yellow fingernails, stale-smelling clothing, and wrinkles. Yes, wrinkles. Prematurely aged skin. Using facial features alone, British researchers were able to identify smokers among patients attending a general medical outpatient clinic. "Smoker's face" was a statistically significant observation, even after controlling for other factors associated with wrinkles, such as age, exposure to sunlight, and recent weight change. The study was done almost exclusively on Caucasians, and obesity tended to mask the signs, but otherwise, trained observers could generally spot those smokers' lines.

Despite all these theoretical turnoffs, a smoker might attract a mate—only to bump him off later. A Minnesota study showed that men married to smokers had twice the mortality rate of men married to nonsmokers!

Infertility

On a more serious and physiologic note, let's briefly review what is involved in conception. First, all the hormones have to be present at the right place, at the right time, and in the proper amounts to trigger ovulation of a chromosomally normal egg. A healthy sperm must get to the vagina, and work its way through cervical mucus to rendezvous with the egg in the fallopian tube and merge their genetic material. Delicate hairlike structures within the tube (cilia) combine with tubal waves of contractility to send the fertilized egg tumbling toward a lush, well-lined, welcoming uterus, where it can implant and continue to grow.

Tobacco may impair functioning at every step along this finely tuned path. Assorted studies have shown that male smokers had fewer sperm, and what they had were abnormally shaped and slower to move than those of nonsmokers. The men's androgen secretion may be different, too. DNA, the basic genetic material, was altered in placental cells of smokers. Considering all the carcinogens and contaminants in cigarette smoke, this shouldn't be particularly surprising. Since miscarriage is often nature's way of eliminating genetically aberrant embryos, this may partly explain the higher incidence of spontaneous abortion among smokers. The enzyme that I referred to earlier that lowers estrogen levels could affect the critical fine-tuning of hormones needed to maximize the chances for successful ovulation and implantation. Women who smoke have earlier menopause, a decreased reproductive life span, with fewer opportunities to conceive. Women who smoke had a greater frequency of mutagenic cervical mucus than nonsmokers, which may account for another finding of more invasive squamous-cell cervical cancer among smokers. Smokers are also more susceptible to reproductive tract infections, which can reduce fecundability, although it is not clear whether this results from altered immune response or life style. Women who smoke more than a pack a day may be considerably less fertile than nonsmokers, three times as likely to take more than a year to conceive, with three times the risk of primary tubal infertility compared to nonsmokers, and a greater risk of ectopic pregnancy.

Let me remind you that association does not necessarily imply causality, an argument used by the tobacco industry. However, one cannot help but become very suspicious when a number of independent fingers point in the same direction.

The last time I brought up this issue was with regard to the rising incidence of ectopic pregnancy (EP—pregnancy located outside the normal body of the uterus), a life-threatening condition which many people think can be a consequence of pelvic inflammatory disease (PID). I pointed out then that, although the increase in ectopics was preceded by an increase in PID, there was also an increase in smoking by women, and perhaps that was as much or more of a contributing factor. Now others are making that same association, linking the rise in EP

to the rise in female cigarette consumption, perhaps mediated by its effect on tubal function and motility. If the tube doesn't keep the fertilized egg rolling along toward the uterus, as the cells continue to multiply and the embryo grows, it may get hung up along the way, resulting in a tubal ectopic pregnancy.

Pregnancy and Neonatal Life

If the embryo manages to survive or bypass all these obstacles, further hazards await, including those known as the fetal tobacco syndrome, analogous to the fetal alcohol syndrome. Cigarette smoke in the mother's bloodstream alters the heart rate, blood pressure, oxygen supply, and acid balance of the developing fetus. A pregnant woman who smokes 2 packs a day cuts out the equivalent of 25 percent of the fetal oxygen supply. It should therefore come as no surprise that pregnant smokers have more spontaneous abortions, stillbirths, and low birth weight babies than do nonsmoking women, perhaps a 28 percent increase in stillbirths and infant deaths for women who smoked throughout pregnancy. On average, a smoker's baby weighs seven ounces less than a nonsmoker's (with decreased lean body mass, not fat, from altered protein synthesis) and is about one-half inch shorter in body length. That might sound good to a woman in labor, but it really is not: low birth weight raises the baby's chances of developing future health problems. Babies weighing less than 5½ pounds at birth are almost 40 times more likely to die during their first month of life, and it is not just mom's influence. Dad has a role, too, and a significant one, considering that 40 percent of fathers-to-be smoke during their wife's pregnancy. It doesn't just hurt the baby's health and the hearts of others, it hurts the pocketbook, too, of individuals, affected families, and society. Neonatal intensive care is not cheap.

Significant increases in premature placental detachment, vaginal bleeding, abnormal implantation, ruptured membranes, and early delivery contribute to the higher risk of perinatal loss for smokers. For those infants that survive labor and delivery, various forms of brain damage, cerebral palsy, and behavioral disorders occur more often when the fetus is exposed to smoke. Crib death (sudden infant death syndrome) occurs 2½ times more often among babies of smoking mothers. Although smokers tend to spontaneously abort more normal embryos (nonsmokers lose more abnormal karyotypes), smokers may have more children with congenital malformation, i.e., birth defects.

Contraception

What about those some who are trying to avoid pregnancy? Oral contraceptives, birth control pills, are certainly one of the more effective options currently available. Yet these are contraindicated for women over the age of 35 who smoke, because at that point, the combined effects of age and smoking lead to a greater risk of death for pill-takers from heart attack or stroke than noncontraceptors would have from pregnancy-related causes of death. Since most smokers start as teenagers, and most pill users start much earlier than age 35, we should be landing hard on young adult smokers who want birth control pills, trying to get them to quit smoking sooner, rather than later, so that they needn't give up an effective contraceptive alternative when they hit their late thirties because of smoking.

At that point, age 35 and beyond, many women choose surgical contraception, that is sterilization surgery, to prevent pregnancy during the second half of their reproductive lives. Most tubal ligation surgery in this country is performed under general anesthesia. Smoking increases the risk of complications from general anesthesia. So a 35-year-old smoker who decides to have her tubes tied because her doctor won't refill a pill prescription because of her age and smoking history still hasn't avoided an increased health risk related to reproductive behavior.

Osteoporosis

For the postmenopausal women who account for most of the 200,000 hip fractures each year in the U.S., there is a 20 percent mortality within 3 months. Eighty percent of hip fracture patients have pre-existing osteoporosis. Smoking is one of the risk factors over which an individual may exercise some control. Female smokers seem to lose bone faster than nonsmokers, and three-fourths of the women who develop osteoporosis are cigarette smokers. Perhaps this is a result of the lowered estrogen state mediated by smoking—sort of a premature and accelerated menopause.

Household/Environmental Smoke

Getting back to the childbearing, childrearing women who smoke: even out of the womb, after pregnancy, the risks to the offspring continue. Nicotine comes through breast milk, even 5 hours after a puff. Children of smokers may have a greater risk of childhood cancer in addition to a higher incidence of respiratory diseases such as asthma, bronchitis, chronic cough, middle ear infection, and pneumonia, and they have slightly smaller growth rates for their lung functioning.

Environmental tobacco smoke causes more cases of lung cancer annually than many other agents in the general environment that are regulated because of their potential to cause disease. Sweden's Insurance Court of Appeals awarded compensation to the family

of a nonsmoking woman who shared a poorly ventilated office with smokers whose habit probably caused her death from a type of lung cancer that occurs almost exclusively among smokers.

So what can we do? First of all, we can educate ourselves and others as to the facts. We must then get our own house in order: ourselves, our families, our coworkers, clean up our own homes and offices. This can be the greatest challenge. We must get to the school and kids before they're hooked. Be polite, but be assertive with smoking passersby. Get involved with the rulemakers for environments such as workplaces, institutions, public areas. I am hoping that the New York State Public Health Council will make my job much easier by banning smoking in hospitals and medical offices. We can change the rules and social norms. Get rid of ashtrays. Speak out at every opportunity. Network. Be a good role model. Become a creative, unboring bore on the subject. Get angry. Use righteous indignation constructively. Don't lose—but use—a sense of humor.

Part of my routine is to teach breast self-examination as I am examining the patient. I try to encourage self-examination, stressing its importance by saying that 1 out of every 10 or 11 women in this country will develop breast cancer. Most of the women I see are surprised and concerned by this high incidence. If she smokes, I go on to tell her that even more women now die of lung cancer, and that's because of smoking. It reinforces my earlier advice to quit, if she answered affirmatively regarding current cigarette consumption.

A few months ago I had a banner day. Three consecutive patients coming for annual checkups told me that 'd quit smoking. I asked what finally got them to do so, and each one said, "something you said during my checkup last year really got through to me." Talk about great feedback! I often wonder whether I'm wasting my breath, but it's the old story: if you don't ask, you don't get.

Pregnancy is an ideal time to ask. Motivation is usually increased by special new circumstances, plus you can sometimes take advantage of morning sickness with a physiologic decrease in appetite and cigarette craving that accompanies it. All preoperative patients should be told that they can reduce the risk of postoperative morbidity by cutting down or cutting out their cigarette consumption.

For the contracepting patient, I use birth control pills as another good reason for her to quit smoking. I'll tailor my pitch to what I think will be most effective, my target's most vulnerable spot, be that wrinkles, bad breath, personal, fetal, or child health. Some doctors stick bright labels on charts of patients who smoke, or in the case of children, their caretakers, to raise their consciousness or perhaps just embarrass them into quitting.

The time is right. The tide is turning. Let's see how much we can push it along.

Cigarette Smoking as a Women's Issue

Ellen R. Gritz, Ph.D.

This must be a concern of all women, not only the 28 percent who smoke—regardless of age, ethnicity, or socioeconomic status—because it permeates our society and our daily lives. We cannot say "it's not important enough."

As we have just heard from Dr. Dorfman, smoking is a *more* important health issue for women than for men, because women may develop all of the same smoking-related illnesses as men, PLUS those related to hormonal status, reproductive function, and pregnancy.

Women fear breast cancer: in the United States there is a 1 in 10 lifetime probability of developing breast cancer. Yet since 1985 lung cancer has begun to kill more women annually (41,000) than breast cancer (39,900) and approximately 1 out of 10 heavy smokers develops lung cancer (ACS, 1986). Eighty-five percent of all lung cancer occurs among smokers, and the 5-year survival rate is only 13 percent compared to 75 percent for breast cancer among white women and 62 percent among black women.

Lung cancer is equally or more greatly to be feared than breast cancer among women who smoke, yet if you asked such women to rate both cancers, would their concern be rated equally high? I think that is an interesting question, the answer to which relates to my next point.

With the exception of the exemplar role of *Good Housekeeping* in refusing to accept cigarette advertising—which means (for that magazine) turning away $10 million in additional revenue per year—there has been a real avoidance of the issues of women's smoking behavior and its health effects. The reasons for this revolve around editorial self-censorship or direct pressure from the tobacco industry based on the threat of lost income. Numerous examples have been cited in the public press and in scientific journals (Whelan, Ernster, Warner).

However, we should not feel that the women's magazines are unaware of or insensitive to this problem. This month (February, 1987), *Ms.* magazine took a dramatic step forward. Without a single tobacco or alcohol advertisement in the magazine, the issue was devoted to reporting the results of a readership survey on addictive behaviors, including cigarette smoking. I am delighted to say that I was able to work closely with the editorial and journalist staff of this prominent magazine, in the design of the questionnaire and interpretation of the results.

It is my guess that women derive much of their information on health from women's magazines. The lack of coverage of smoking may lead women to think that the problem is not pertinent to them, is minor or inconsequential, or is somehow considered unimportant by those who really think and write about women's health—the magazine editors and their staff writers. Combined with the prominence of the advertisements and their sophistication, we have a double whammy.

Dr. Kenneth Warner, a noted economist who has written extensively on tobacco economics, recently stated in the *New England Journal of Medicine*, "...as a result of the media's failure to cover smoking and health more thoroughly, people are smoking today who would not have been...the media's self-censorship on smoking and health may well be contributing to the occurrence of avoidable illnesses and premature deaths among tens of thousands of Americans."

Next let me direct a question to the various branches of the women's movement. Each of you represents an important and potentially large segment of women in this country and is thus a vital part of the women's movement, whether or not you would use the term "feminist" in connection with yourself or your organization. Has your organization formulated a policy on women's smoking, discussed the issues involved, taken any action? Can the women's movement be said to have a policy, a position, a stand regarding smoking by women? Again, this is an opportunity to disseminate information and begin to take action.

Let us review the figures on women's smoking and quitting behavior and the history of men's and women's smoking over the past 20 years. Smoking prevalence peaked around 1964-65 for both men (at 52 percent) and women (34 percent). By 1985, smoking had declined to 32 percent for men and 28 percent for women. Nevertheless, there are dramatic differences between these trends in male and female smoking prevalence. For men, smoking has been a "majority" behavior since the turn of the century. Among men born between 1920 and 1929, who would have been 54-63 years old at the time of a 1983 national survey, 77 percent had smoked at some time in their lives. The lifetime prevalence may have been even greater, because smoking-related deaths have likely already affected this cohort. Only in the youngest cohort of men studied in this survey, the 20-23 year-olds, is the total lifetime prevalence under half, at 38.3 percent. For women, the picture is quite different. Smoking did not become a "majority" behavior until much later for women largely due to the "emancipating" effects of World War II; lifetime prevalence peaked at 51 percent in the cohorts born between 1930-39 and 1940-49, including women aged

34-53 in 1983. While the youngest cohort, aged 20-23 in this survey, seems to show an alarming substantial *increase* in current smoking prevalence to 36.5 percent in 1983, I am happy to tell you that this is *not* a stable trend but rather likely to be a cohort effect. Data that I was able to obtain just this week for the 1985 CPS show that 20-24 year-old females have a current smoking prevalence of only 31 percent. Thus, in 1985, the youngest age group of both men and women have approximately equal percent current smokers (31 percent males and 32 percent females) and 11 percent former smokers. For persons over 20 years old, by which time 90 percent of all smokers have taken up the behavior, males and females have equal lifetime prevalence, about 42-43 percent.

Men get lots of support when they try to quit smoking. It's not clear that women do. From my own data of the unaided quitters, women were more likely than men to seek out social support early in the cessation period. Moreover, women perceived that the social support they got was pretty negative. Men, on the other hand, gave kudos to the women who supported them. It seems that the women knew how to give and the men knew how to receive.

It appears that blacks tend to have a higher current smoking prevalence than whites, a difference that is much greater for males than for females. New 1985 data show *current* smoking among white women to be 27.7 percent, among black women to be 30.1 percent, and among Hispanic women to be 20.9 percent. I must qualify these gender, racial, and ethnic differences by adding that men have always been heavier smokers than women and blacks have always been lighter smokers than whites. While the prevalence of smoking is slowly declining among both males and females, there is a greater percentage of heavier smokers today than in the mid-1960's or 1970's. In 1985, the percentage of males who consumed greater than or equal to 25 cigarettes per day was 31 percent compared to 21 percent in 1965. For women (who have always been lighter smokers), the 1985 figure was 23 percent heavy smokers compared to 13 percent in 1965.

Next, let us consider the record of women's quitting smoking. Evidence is still inconsistent regarding whether women have a more difficult time quitting smoking and staying abstinent. National survey data show that the overall percentage of former smokers and "quit rates" (ex-smoker vs. ever-smoker) are still lower than for men. However, by 1980, the percent of current smokers who attempt to quit each year and succeed was about the same for men and women.

Evidence is wildly conflicting, depending on what sample of persons was interviewed and when, about women being less or more interested in quitting than men, about percentages of persons trying to quit each year versus actually succeeding, about the struggles of men and women to quit and not relapse. What do we believe? In my own recent data, a study of 554 men and women quitting entirely on their own, as either a New Year's Eve resolution or for the Great American Smoke-Out, there were *no* sex differences in quitting—29 percent of both men and women were successful ex-smokers at 1-year followup. I believe that we are in a period of transition, where norms for smoking and not smoking are shifting radically, almost by the day. We read in the paper about a corporation, USG, which banned smoking on *and* off the job for its 1,500 employees in 8 states (*New York Times*, Feb. 2, 1987). While this move may be at the extreme of regulating health-related behavior and is certain to be hotly contested, it reflects a powerfully growing antismoking trend in the private sector as well as from public health authorities. Ken Warner and Hillary Murt have written persuasively on how the public health antismoking campaigns deflected the upward trends in smoking behavior: for women, causing smoking rates to "stall" rather abruptly, stabilizing at rates well below those that might have been expected; and for men, accelerating a decline that was already beginning. Thus, both the decreasing rates among men and the relatively stable rates among women represent positive impacts of the anti-smoking campaign. What I am suggesting is that we are currently in a period where we can deliver the second major wallop to women's smoking rates, lowering initiation and raising "quit rates" dramatically. And you *must* be a part of this action plan; you can *personally* be a part of a movement to change national statistics.

To reappraise and attack these problems we must get past the familiar but misleading phrase "personal choice behavior." It is imperative to dissociate smoking from the concept of women's independence, a linkage that the tobacco industry has promoted all too successfully. We must: (a) move from an *adversarial* position where health professionals like myself are seen to be "telling" women what to do in an authoritarian fashion almost with moral overtones, to a *collegial* position where we consider together the scope of the problem, its importance and actions to be taken; and (b) avoid "blaming the victim," i.e., faulting women for continuing to smoke instead of doing a systematic analysis of the factors encouraging women to adopt smoking and providing obstacles to their abandoning it. This issue is equally as important as all other female health objectives but requires the personal cooperation and action of every woman to effect the needed changes in today's smoking trends.

Developmental Analysis of Cigarette Smoking Behavior

In order to better understand women's smoking, we must turn back to why young girls start to smoke and continue to do so. Prevalence trends in adolescent smoking showed that by 1977, girls had outstripped boys in the percent of high school seniors smoking daily; similar results held for 12-18 year-olds, overall—1985 data show that slightly more females than males engage in experimental smoking at least monthly (31 percent vs. 28 percent) and daily smoking (21 percent vs. 18 percent). At levels of one-half pack a day (12 percent for males and females) or greater (1 pack—males, 7 percent; females, 6.2 percent), boys equal or exceed girls. Among college students, it is particularly distressing to learn that a full 18 percent of females are current smokers compared to 10 percent of males. Since smoking status in high school and in the general population is inversely related to intent to attend college or educational level achieved, this finding is difficult to interpret and deserves close scrutiny. But let us turn now to the youngest group of adolescents and their propensity to consider taking up smoking.

Young adolescent females have been characterized by cognitive and emotional immaturity, hypersensitivity to peer rejection, vulnerability to impulsive behavior, and difficulty in acquiring a positive body image. It is along these very four dimensions that the teenage female is exquisitely vulnerable to the seductive allure of taking up smoking. The well-accepted model of smoking initiation includes three major factors: 1) peer pressure; 2) adult role models (parents, teachers, other exemplars); and 3) direct/indirect societal encouragement (advertising, other media presentation of smoking as mature, rewarding behavior, behavior of entertainment and sports figures, etc.).

For the pre- or early adolescent girl, the predominant family influence can provide a positive attitude toward smoking and teach her how and where smoking is appropriate. In this preparation or anticipation stage, she is also being exposed to the passive or involuntary effects of smoking on her body as well as learning the physical modeling actions of smoking. We know that there is a fivefold likelihood (20.3 percent vs. 4.1 percent) that an adolescent girl will smoke if she is in a household in which one or both parents and an older sibling smoke compared to a household in which none of these persons smokes.

The period of initiation of smoking, when the first cigarettes are smoked, is characterized by social transition and strong peer influence. Hypersensitivity to peer rejection may lead a young girl to accept the offer of a cigarette all too easily from valued friends. Almost 75 percent of all first cigarettes are smoked with another teenager, mostly with a person of the same sex. Lifestyle choices also being made at this time may include a variety of other behaviors and value orientations into which the image of a smoker fits.

While the young female is experimenting with smoking (less than one cigarette per week), she is forming a self-image which can be heavily influenced by social reinforcement. Thus, impulsive behaviors like smoking and experimenting with alcohol and sex may occur when socially prompted. The image of a smoker may become highly valued and identified with—teenage girls may see smoking as a way to acquire such a personality and physical image. My colleague Bill McCarthy and I were able to show that the closer the ideal self-image of a teenager (the way she would like to be) was to her description of a model in a cigarette advertisement, the more likely the adolescent was to intend to take up smoking. The physical image of the female smoker portrayed in advertisements may thus come to wield substantial impact.

In the final stage of taking up smoking, the stage of habituation, the adolescent is smoking regularly (at least weekly). She is learning to regulate the dose of nicotine delivered from the cigarette to obtain the desired mood altering and other pharmacological effects and is beginning what may turn into a lifelong struggle with nicotine dependence. Consonant with the advertising model image of the smoker, the teenage girls may especially learn to use cigarettes as a legal and sanctioned means of weight control, and thus they are highly valued during this period.

Weight represents a particular vulnerability for adolescent girls. Feminine beauty has been equated with ultra-slimness for more than a generation. The NIDA High School Senior Survey showed an astounding use of nonprescription diet pills among female high school seniors—ever used, 43 percent (vs. 15 percent for boys) and used in the last year, 27 percent (vs. 9 percent for boys). In the *Glamour* magazine survey of 33,000 women, 50 percent of respondents reported using diet pills sometimes or often. In the August 1986 *Ms.* survey, more smokers than nonsmokers used diet pills (37 percent vs. 27 percent), although a majority of them said they didn't use cigarettes as a way to control their food intake. A survey of 16,000 British children and adolescents revealed that over 42 percent of the heaviest smokers (more than six cigarettes per week) believed that "smoking keeps your weight down," compared to 17 percent of nonsmokers. The effect was stronger in girls than boys, and girls were also more likely to believe that smoking controls weight. This belief rises sharply with age, peaking at 53 percent among

16-year-old girls (vs. 29 percent of boys) and parallels the postpubertal rise in girls' smoking rates. Cigarette smoking provides a lifestyle crutch with a physiological basis to facilitate weight control in a time period in which girls are preoccupied with anxiety about and dissatisfaction over body image. The ritual aspects of smoking and eating or drinking may come to represent social competence to an adolescent girl, along with an image of physical attractiveness.

The "gateway theory" of substance abuse predicts the order in which licit and illicit drugs are introduced; cigarettes and alcohol are always at the beginning end of the spectrum. We cannot ignore cigarettes when we are trying to prevent or reduce drug use. A great deal more attention would be directed to this issue if Mrs. Reagan's campaign against teenage drug abuse could be appropriately expanded to include cigarettes. Cigarettes do more damage and are used chronically at higher rates than other drugs. Almost all smoking begins in the teenage years, with very little cessation until later in life. Our smoking prevention programs today often do not address the lifestyle choices and values of those adolescent girls most likely to take up smoking—who are disinterested in school, not college bound, who are precocious in social and sexual behaviors, and who may especially value the images peddled by advertisements.

High-Risk Target Groups

The 1985 Surgeon General's Report listed the specific occupations with the highest and lowest estimates of current smoking among women age 20-64 years of age in the United States from 1978 to 1980. In general, blue collar (or pink collar) women are at a much greater risk for continued smoking than white collar women (38 percent smoked in the survey vs. 32 percent of white collar women) The occupations with the highest rates of smoking were: waitresses (51 percent), cashiers (44 percent), assemblers (43 percent), nurses aides, orderlies, and attendants (41 percent), machine operators (41 percent), practical nurses (40 percent), packers and wrappers, excluding meat produce (40 percent), checkers, examiners, inspectors, and manufacturers (38 percent), and hairdressers and cosmetologists (37.5 percent). The lowest rates were found in: elementary school teachers (19.8 percent), food service workers (24.6 percent), secondary school teachers (24.8 percent), bank tellers (25.7 percent), seamstresses and stitchers (25.8 percent), registered nurses (27.2 percent), and childcare workers excluding private households (28.9 percent). The blue collar sector is a very important one—it's where the public information does not permeate as strongly, where grassroots intervention is going to be extremely important, and where the intervention is much better coming from lay sources rather than from health authorities and professionals.

We've heard some well-intentioned but wrong-headed remarks about nurses' smoking behavior. Nurses are not in as bad a shape as people think. In 1976, 39 percent of women nurses were reported as current smokers. (The rate for the general population of women was only 33 percent. Doctors, dentists, and pharmacists were down to 25 percent.) However, by the HIS survey I just cited, the rate for R.N.'s was down to 27 percent. It's the L.P.N.'s and the nurses aides (the blue collar version of the nursing profession) who still had very high rates (about 40 percent). Nurses' smoking behavior is changing dramatically, and we must give them credit. Their smoking prevalence rate is still 2½ times that of physicians (10 percent), but under the rate for women in the general population (28 percent).

We've heard that black women have slightly higher smoking rates than white women, but they're lighter smokers. Hispanic women, so far, have very low smoking rates. These low rates make black and Hispanic women prime targets of the tobacco industry. There is already a fabulous new advertising series in all of the magazines geared toward blacks, and I found one ad in Spanish. It's not a woman's ad, but I'm certain they will appear in time.

We've mentioned that pregnant women are a targeted group. Feiffer did two wonderful cartoons on this. It's a real difficult issue. Our problems are not with the white middle-class women. Most of them stop smoking. Our National Neonatality survey showed that about 31 percent of women smoke when they become pregnant; 18 percent quit, 27 percent cut down; almost all relapse after they deliver. Our real problems are with the low-income population, the teenage population, and the fact that cigarette smoking is not a priority issue in the lives of these women. They are worried about immediate problems of survival. The thought of having a baby who's half a pound lighter doesn't mean much. I think we have to be very sensitive to these kinds of issues. We need innovative projects to reach women with these special concerns.

We've heard that there's a lower percentage of heavy smokers among females However, there are still problems of withdrawal from nicotine dependence. The question is: are withdrawal symptoms more trying for women because of increased appetite and oral cravings, their sensitivity to mood fluctuations and irritability, their sensitivity to negative affect? There were no gender differences in my data, or the data of Dorothy Hatsukami. But these questions should not be dropped.

Do women need special programs to prepare them for high-risk situations such as relapse after pregnancy, or smoking in negative affect situations, or dealing with stresses in role strain? Women, it is said, are particularly likely to reduce negative affect by smoking, and maybe that's a hard time for them to think of giving it up, because they don't have a substitute coping behavior. There's been some evidence that women in high strain, low control jobs are particularly unable to deal with quitting smoking. Women have multiple role strain from job and family, and all the role juggling they do.

Do we need to deal with the weight issue in special ways? It's not that women gain more weight than men—they don't—but that they may be more sensitive to it. The data consistently show that women who successfully quit smoking gain more than those who relapse. Not all women who quit smoking gain weight, but for those who do, abstainers gain more than relapsers.

We need to concentrate on replacing the rewards of smoking with other rewards—including lifestyle change. In sum, we need to face up to the presumptive rewards of smoking that are particularly appealing to women: weight management, an ideal of beauty, the control of negative affect, a feeling of "liberation," and the time marker or validation for time off. When some women give up smoking, they give up their breaks.

Societal Factors

The advertising pitch that "binds" women's magazines causes them to avoid and disown the issue of women and smoking, giving the appearance of advocacy. We must develop powerful (and popular) antitobacco exemplars among individual women leaders in all segments of society, and exert concurrent economic and legislative efforts. The silence of the feminist movement with regard to major health issues must end.

Changing patterns among ethnic groups with current low smoking rates, such as Hispanic and Asian women, deserve attention. The increase of smoking among these women is believed to be primarily due to acculturation. But the tobacco industry is targeting these groups. In fact, they are targeting developing countries worldwide. We need to utilize powerful women's lay networks and extended families in ethnic groups. We need leadership to emerge among women's organizations, putting pressure through their own channels of power and providing assistance to their membership in a targeted, effective fashion.

Tobacco Industry Funding of Women's Organizations

Andrea M. Berman

The Institute for the Study of Smoking Behavior and Policy (Harvard University) conducted a study to determine the amount of funds provided by the tobacco industry to the women's community with the hope of finding replacement funding. The Institute promised women's groups complete confidentiality in return for their information. For this reason, we have summarized the survey responses below.

The list of organizations was initially developed by the National Women's Health Network. It was expanded, using a directory of women's organizations, to include a wider range of national women's leadership organizations, and expanded once more to include a few organizations that represent interests in other areas, such as health, athletics, and issues of particular concern to older women and other general interests in order to confirm our assumption that money is primarily directed to those organizations which focus on women in leadership.

Description of Survey

Of a list of 68 women's organizations, 53 were successfully contacted. Of these 53 groups, 13 responded that at the present time they DID receive funding from the tobacco industry; 40 DID NOT receive any funding at present. Three of the organizations who do receive money did not give an exact figure. Total amount of funding reported: $318,500 to $361,500.

Patterns of Funding

The primary recipients of tobacco industry funding appear to be women's leadership groups. Of these leadership organizations, the primary targets are political, business/professional, and minority women. A few respondents were initially defensive, but when they realized we were trying to help rather than undermine them, most responded openly and enthusiastically. One salient exception was a leadership group that remained vague about the amount of funding they received: they would only say that they got money on an "as needed basis." Another would offer only that the funding was less than 10 percent of their total budget.

One respondent, whose organization receives a substantial amount of tobacco industry money and who was quite defensive at first, said that her group had "beaten the bushes" for alternative sources of funding, only to come up empty handed. She then said that though none of her colleagues smoke, the organization literally could not afford to be choosy about the source(s) of its funding. She termed tobacco industry contributions "irreplaceable." She and several others were extremely enthusiastic about the possibility of receiving funds from a source or sources other than the tobacco industry. Yet another respondent said that their organization had decided as a matter of policy not to take tobacco money, but that they "barely keep afloat." Two or three groups responded that they used to receive tobacco funding, but did not at present.

At least a couple of organizations contacted said that the tobacco industry had been quite aggressive in trying to fund them; as one respondent phrased it, "They're pushing harder than we're pushing." (This was a business/professional group who does receive a small amount of tobacco money.) Yet another spokesperson, for a women's political leadership group, said that tobacco people were especially keen on funding their conferences for women legislators, "for obvious reasons." Again, many of the organizations contacted, whether they received tobacco money at present or not, were very interested in alternative sources of funding and were eager to hear our results.

Money Up In Smoke

Victoria Leonard

All of us here understand budgets and budget cuts. We nonprofits have been suffering for about six years and now, with Gramm-Rudman, our federal friends join us. Budget constraints greatly increase our susceptibility to tobacco dollars. Today, I want to inform you about two matters: why the tobacco industry is not our friend, and why it wants to be our friend.

When the Virginia Slims Women's Tennis Tournament came to Washington, DC several years ago, the Women's Health Network helped organize picketers. Feminists asked how the network could oppose women's tennis; did we know how important women's sports were to our self-image, what an inspiration the tournament was to young women? Yes, the network did know and the network still picketed.

The tournament costs Philip Morris (the maker of Virginia Slims) about $12 million each year. For women, it promotes much needed support for a women's sport and provides positive publicity for their athletic abilities. It also provides positive publicity for a cigarette company, by linking cigarettes to young, healthy women; worse, it plays up the independence angle.

When you think about how Virginia Slims cashes in on other campaigns for women's health and women's independence, it's a bit galling. Considering that smoking is an addiction, are there no other tennis tournament sponsors? A financial commitment of that size—$12 million—certainly puts sponsorship of the tournament beyond the reach of most companies marketing to women. Only a company with a high profit margin and a strong need for product recognition by young women could possibly afford to spend that much money on a single multicity event.

Antismoking activists, meanwhile, often latch onto the "Slims" as the most egregiously visible of all the sporting events—the most famous. They would rather the event didn't exist than for it to have such sponsorship. They organize pickets, boycotts, press conferences. DOC (Doctors Ought to Care) organized counterevents called Emphysema Slims. These counterevents used local tennis pros (by and large men) and organized tennis matches and tennis clinics for kids. With T-shirts and slogans, these events brought home the message that smoking is bad for you. But WOMEN, women's tennis stars and women athletes, are overlooked. Women who want both sports and smoke-free women are caught very much in the middle.

Those of us who oppose sponsorship of a women's athletic event by a cigarette company are in a bind. We know only too well that if Philip Morris abandons the Slims, there's a good chance no one else will underwrite it to such an extent. This is what the tobacco companies are playing on—the unique needs of oppressed communities. Can we, slowly but surely, put ourselves in a position where we have better choices? To make the many decisions that are raised by this issue, we first need to know about the tobacco industry—its subsidiaries, its advertising practices, and how this last directly impacts on products and projects close to our hearts and intrinsic to our organizations.

Corporate diversification means that American Brands owns American Tobacco, maker of Pall Mall, Silva Thins, and Carlton. It also owns Pinkerton's Master Locks, Jim Beam Bourbon, Swingline staplers, Sunshine Biscuits, Vienna Fingers, and Jergens hand lotion. The maker of Kools—BAT Industries—owns Marshall Fields and Saks Fifth Avenue. The maker of Larks owns Alpo (dog food). When Reynolds and Nabisco united, the new corporation bought Del Monte fruit, Brer Rabbit molasses, Ortega Mexican foods, Irish Mist liquor, and Smirnoff vodka. Philip Morris now owns Marlboro, Virginia Slims, Players, and all the Post cereals. Recently there have been major mergers—R.J. Reynolds became R.J. Nabisco, and Philip Morris took over General Foods. In other words, Betty Crocker, Sunshine cookies, and Miller beer have all been subsumed by the "weed that kills." Even a substantial chunk of CBS is in their hands. This diversification helps ease the pinch of a declining market of American smokers.

The tobacco industry is investing in food products for a number of reasons. Food has a nice reputation. Food is Betty Crocker in her kitchen and Bill Cosby teasing kids about Jell-O pudding. As Michael Jacobson of the Center for Science in the Public Interest would say, the tobacco companies are pursuing "innocence by association." Food and tobacco do share some similarities—both are dependent on brand-loyal customers, grocery stores and "7-11's," and much advertising.

The tobacco industry is also looking to buy increased advertising clout. R.J. Nabisco has an annual advertising budget of over $1 billion a year. That is nearly $150 million more than the traditional advertising leader, Proctor and Gamble. The four largest cigarette companies are the top four newspaper advertisers, are the top four outdoor advertisers, and are among the top ten magazine advertisers. This combined clout has already hurt Reader's Digest—long an outspoken critic of cigarettes, refusing cigarette ads and running more antismoking articles than any other family magazine. Now, fearful of losing food advertisers, Reader's Digest recently refused an American Heart Association health supplement that the publishers

realized would have to contain antismoking information. More frightening is the fact that their advertising company, for which they are a $1.5 million-a-year client, has dropped them, at the request of American Tobacco, a $22 million-a-year client. An antismoking public service radio ad was not aired out of fear of losing nontobacco ads from tobacco-dominated corporations. This is the kind of "muscle flexing" of which the tobacco industry is capable.

One intellectual mistake we make about the tobacco companies is that we concentrate only on their wealth; another is that we overlook their desperation. We think of them as ever-rich, but they are losing 2.5 million customers a year—1.5 million die and 1 million quit. To stay even, they need 2.5 million new customers, and they aren't getting them. They cannot afford the labels: "coffin nails" or "addictive as heroin." The tobacco industry needs desperately every bit of positive image it can buy.

Tobacco companies pursue every possible market. A Brown & Williamson (makers of BelAir, Kools, and Viceroy) marketing executive said:

> Nobody is stupid enough to put it in writing or even in words, but there is always the presumption that your marketing approach should contain some element of market expansion, and market expansion in this industry means two things—kids and women. I think that governs the thinking of all companies.

The tobacco companies want more than smokers—they want friends. At a time when minority and women's organizations are feeling the financial pinch badly, the tobacco industry corporations generously underwrite our programs. Brown & Williamson sponsors inner city music festivals. More sponsors fashion shows, providing philanthropy to local black women's organizations and raising for these groups many needed dollars. The Coro Leadership Program, grooming women to be better leaders, receives generous support. Philip Morris regularly compiles a directory of elected women, worth about $25,000, for the National Women's Political Caucus. A similar directory is done of black elected officials. Women's Research and Education Institute receives tobacco industry fellowships.

The tobacco industry is supporting women's organizations, but not "run-of-the-mill working moms." Tobacco companies are targeting women as leaders; they want women in powerful policymaking positions to think kindly of them. So, if you're a fundraiser for a women's organization, now you know which kinds of projects to ask a tobacco company to fund. As a longtime fundraiser, I know—we call the tobacco philanthropists, not the other way around. Fundraising for women and minorities can be desperate.

The commercial media is good to tobacco—how many soap opera characters die of lung cancer, or how many prime time heart attacks are blamed on a lifetime of smoking? Similarly, magazines steer clear of covering the health risks of smoking. Recently, we all read more than we cared to about artificial heart recipients, yet where was it mentioned that the three recipients together smoked over a million cigarettes? *Time* magazine devoted an entire 7 percent of its health articles to smoking. Is this the effect of the 17.9 percent of ad revenue or $40 million worth of cigarette ads they take every year? *Harper's Bazaar* rejected a science writer's article called "Protect Your Man from Cancer" after it was already paid for because, according to the doctor who authored it, it focused too much on tobacco and the magazine was running three, full-page color cigarette ads that month.

Is it disingenuous when *Ms.* and women's tennis organizers voice financial worries about trying to wean themselves of such sponsorship? The example of *Mother Jones* would seem to say no. During 1978 and 1979, *Mother Jones* ran two articles critical of the tobacco industry. An editor says that the companies made it clear that *Mother Jones* would *never* get cigarette advertising again. The loss of this ad revenue caused the magazine severe problems.

Many feminists are distressed that *Ms.* is so dependent on cigarette ads. You may have noticed how small their February 1987 issue on addiction was—that's because cigarette ads did not appear in that issue, but are usually almost 8 percent of its ad revenue (this is down from the early high during 1972-1981 of almost 15 percent of revenue). From private conversations with the health editor, I know the *Ms.* staff is concerned. They believe, however, that women should be more understanding of *Ms.*'s plight. Advertising executives continue to think of the magazine and its readers as bra-burners—incapable, therefore, of lighthearted consumption. Further, the traditional advertisers in most women's magazines, the cosmetics and food companies, don't get their usual product tie-in. For philosophical reasons, *Ms.* has always eschewed running recipes, as well as articles on menu planning and hair conditioning.

Ms. magazine and the National Women's Tennis Tournament find themselves taking tobacco money, however reluctantly, for the same reasons women's organizations take that money—it is one of the few easy sources of revenue during the current financial crunch. The tobacco leaders know this fact and make the most of it. Such support may not directly lead to more smokers, but it does promote friendships. We must see the problems faced by our friends at the same time that we ask them to recognize how their

relationships with the tobacco industry contribute to an atmosphere validating this industry's pursuit of their constituency. They are contributing to the tobacco industry's innocence by allowing association.

We should urge women's groups to compensate. Perhaps they could organize workshops on women and smoking at their annual meetings. Or they could place articles in their newsletters on the health effects of smoking on their membership.

As we urge these institutions to shift away from tobacco support, we need to respect their financial needs and assist them in developing other sources of revenue. Simply condemning the recipients of tobacco largess is narrow and naive. It's important for us to appreciate the societal contributions these groups make and to understand that they may very well *not* be made if money is not found to replace the tobacco industry's. We must avoid focusing on only one aspect of the equation: we cannot afford to disregard the good accomplished by these "compromised" institutions. We must pursue a realistic approach in our effort to isolate the tobacco conglomerates in order to protect the healthy survival of women's and minorities' activities.

Our charge is to develop solutions that will eventually allow these groups to criticize the tobacco marketers' pursuit of their constituency. As these groups begin to speak out on the health risks of cigarettes, young women will come to understand that there is no link between women's independence and smoking. A recent study found that teenage girls believe that feminists smoke. That is a challenge to us to make it clear to young women that women leaders do have a stand on smoking—we condemn those who would promote such a cancerous product. That's a message we can be sure the tobacco industry will never convey.

Women vs. Smoking: The Symbolic Conflict

Michael Pertschuk

In part, we are focused on a political struggle, as well as a social struggle, for the mind and the soul of women's organizations and the women's movement. As in many political struggles, a central arena is the contest for the possession of the most evocative and powerful symbol of political debate, "freedom." The irony is that this struggle echoes the struggles of American women in the first decades of the century, when, as Virginia Slims tells us, smoking by women in many public places was illegal, and the right to smoke took its place as both a real and a symbolic goal in the struggle for equality.

But today the symbol of smoking as a badge of liberation is artificially sustained and nurtured by the cigarette companies, who use it is a symbolic shield behind which they continue to pursue the aggressive promotion of cigarette sales to women. In the imagery of their advertising, in their promotion of Virginia Slims and other events symbolic of women's equality, and in their financial support for women's flagship organizations, the cigarette companies have sustained the image of smoking as liberation and the image of companies, especially Philip Morris, as the corporate champions of women's freedom.

Believe it or not, there is a cigarette brand marketed to women in Brazil called "Free." The implicit message? To smoke is not only to be liberated, but to be liberated (in English) as American women are liberated. Meanwhile, when Philip Morris, Inc., takes out a full-page back cover ad on the NOW convention program to quote Shirley Chisholm and "salute the National Organization for Women," it gains what Michael Jacobson rightly calls immeasurable "innocence by association."

One source of the cigarette companies' success with women's organizations has been their ability to associate their commercial interests with the emotionally intense women's symbol of "freedom of choice," echoing the rallying cry of women opposed to enforced restrictions against abortion. That success can be seen, as Susan Okie reports in the *Washington Post*, in the tendency of women's leaders to "hesitate to make smoking an issue because it is a matter of personal choice." She quotes one leader as saying, "we have many fine women in NOW who are heavy smokers. They contribute an immense amount. We cannot deny women. We can educate them."

I know of no one among us who would argue that women should have any less of a legal right to smoke than men, and as Joe Califano put it, to "die like men." No one challenges the right of consenting adults—of either sex—to commit smoking in the privacy of their own homes (though there are surely ethical questions raised by those whose smoke engulfs their children). And I hear no one suggesting that restrictions on smoking in public places be applied differentially to smoking women. Those are very different freedoms from the freedom of the cigarette manufacturers to "push a narcotic drug," or the freedom of the smoker to "raise the risk of lung cancer in her involuntarily smoking coworker."

So one of our tasks is to bring to a deserved end the association of smoking with women's freedom, and to dispel the image of concerned legitimacy within which the cigarette companies have cloaked themselves.

Of course, we do advocate certain limits on freedom—not the freedom of women, as women, but the freedom of cigarette companies and the unrestrained freedom of all smokers. But those freedoms are to be limited only in the interest of competing freedoms:

- freedom from addiction;
- the freedom of young girls and young women of childbearing age to be free of deceptive, misleading, and psychologically manipulative advertising;
- the freedom of the nonsmoker to breathe unpolluted air.

There is a need to challenge the self-characterization of the cigarette companies. They would have women, and women's leaders, see them as enlightened friends of feminist aspirations, and as the voice of reason for the embattled smoker. Are they not more accurately characterized as "drug pushers" and "child abusers?"

"Drug pushers?" Most women smokers began at an age when they were too young to appreciate the risks of smoking, and came of age when they were too addicted to respond rationally to the evidence of those risks. Not only has nicotine dependency now been formally designated a true physiological addiction, but, as Ellen Gritz tells us, women are more likely than men to form a dependency upon smoking for emotional support.

While the cigarette companies have postured themselves as bearers of the torch of women's liberation, they have simultaneously sought in their marketing strategies to reinforce and exploit women's cultural enslavement to the cigarette as a badge of fashion and glamour, especially the exaggerated American ideal of slimness. As Susan Okie put it so well, the companies have portrayed smoking as both a "torch of freedom" and "a tool of beauty."

"Child abusers?" One cigarette company marketing specialist told the *Louisville Courier Journal*:

> Nobody is stupid enough to put it in writing, or even in words, but there is always the presumption that your marketing approach

should contain some element of market expansion, and market expansion in this industry means two things—kids and women. I think that governs the thinking of all the companies.

It cannot be mere coincidence that young women in their early twenties now have the highest smoking rates. But it is just those young women smokers who are most likely to be pregnant or to have young children in the home. Concentrating on recruiting smokers among "kids and young women" is surely a form of child abuse.

Of course, the harshness of those terms sticks in the throats of some of us—and perhaps that reluctance is an enlightening self-test of how successful the companies have been in retaining their aura of legitimacy in the face of their unconscionable behavior. How could the gracious, cultivated, and community-minded leadership of the great Philip Morris Company be thought of as common drug pushers and child abusers? That is a central problem we face.

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Resources

1. Color videotape of Virginia Ernster's presentation, *Mixed Messages: Cigarette Advertising and the Health Risks of Smoking:*

   This color videotape features cigarette advertisments directed at women from the 1920's to the present, together with medical data on the health consequences of smoking for women.

   Focusing on contemporary promotions, the extent of cigarette advertising in women's magazines is illustrated and examples are shown of sponsorship of women's sports and fashion events by cigarette companies. The program underscores the irony of such promotion at a time when female lung cancer is epidemic.

   The program is available for purchase in two formats, ½-inch videotape and ¾-inch videotape.

   The purchase price is $100, which covers costs of production and distribution, including postage and handling. Checks should be made out to the Regional Cancer Foundation/Better Health programs. Cost is tax-deductible.

   The tape may be borrowed for short-term use by nonprofit agencies at no charge.

   Order from: Better Health Programs
   Regional Cancer Foundation
   The Sherman R. Selix Videotape Library
   2107 Van Ness Avenue, Suite #408
   San Francisco, CA 94109

   Tel: 415/775-5921

2. *The Ladykillers:* A 40-minute videotape presentation in two 20-minute segments based on *The Ladykillers* by Bobbie Jacobsen: Cigarettes are The Ladykillers. Young girls are now more likely than boys to become smokers while women find it more difficult than men to stop smoking.... Why should gender be the cause of ill-health?

   This film follows 10 women through their everyday lives and looks at their reasons for smoking. Smoking is often part of a woman's "solution" to social problems from which society offers no easy escape. Statistics show that the epidemic of lung cancer is at last on the decline among men, but among women it is still rising. Unless the scale of the smoking problem for women is acknowledged now, they are likely to pay for their "emancipation" with their health.

   Available in ½-inch or ¾-inch videotape from Communications Media Associates at the Yale University School of Medicine. Contact:

   Lindsey Holadav
   Communications Media Associates
   Yale Medical School
   333 Cedar Street
   New Haven, CT 06510

   Tel: 203/785-2647

   Prices: Preview—$20 applied to purchase price if bought
   Rental—$50 within 30 days
   Purchase—$235

3. *The Feminine Mistake:* a 22-minute, 1977 videotape presentation on the hazards of smoking which is aimed at girls and young women. Includes an interview with a cancer victim.

   Available from: Trainex Corporation
   P.O. Box 116
   Garden Grove, CA 92646

   Tel: 800/854-2485

   Prices: Rental—$55
   Purchase—$295

4. *Killing Us Softly:* A half-hour 16mm film based on a multimedia presentation created by Jean Kilbourne on the effects of advertising stereotypes and its influence on consumer behavior. Uses hundreds of ads from magazines, newspapers, television. A new version, *Still Killing Us Softly*, with more emphasis on tobacco advertising, will be available this summer.

   Available from: Cambridge Documentary Films
   P.O. Box 385
   Cambridge, MA 02139

   Tel: 617/354-3677

   Prices: Rental—$46 plus $6 shipping
   Available for purchase in videotape by special request.

5. *Radio Spots:* Tony Schwartz, NYC media advocacy specialist, has developed a series of radio spots targeting the tobacco industry and its advertising and marketing tactics, the toll taken by cigarette smoking, and the magnitude of smoking as a public health problem. Inventive, startling, insightful.

   Available from: The Advocacy Institute
   1730 M Street, N.W., Suite 600
   Washington, DC 20036-4505

   Tel: 202/659-8475

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Not Far Enough—Women vs. Smoking
February 4, 1987

A Workshop for Women's Group and Women's Health Leaders

Convened by the Advocacy Institute

In cooperation with the National Cancer Institute
and the Harvard University Institute for the Study of Smoking Behavior and Policy

9:00 a.m.	Welcome: *Anna Mary Portz and Michael Pertschuk*
9:15 a.m.	Overview of Tobacco Industry Marketing Strategies Toward Women — *Virginia Ernster* (See p. 4)
10:10 a.m.	Summary of Women's Smoking and Health Data 1. Health consequences — *Sally Faith Dorfman* (See p. 11) 2. Which women smoke and why? — *Ellen Gritz* (See p. 15)
11:20 a.m.	Keynote: The Need for Action — combatting misinformation about women's smoking behavior and health; information sharing and adapting, networking activities — *Helene Brown* (See p. 1)
1:15—4:15 p.m.	Presentations and discussion of strategies:
1:30—2:15 p.m.	Smoking as a Women's Issue: Money Up in Smoke — *Victoria Leonard* (See p. 21)
2:15—2:50 p.m	Transforming the Symbolism of the Debate and the Imagery of Women's Smoking — *Michael Pertschuk & Tony Schwartz* (by speaker-phone) (See p. 24)
3:00—4:15 p.m.	Disinvestment/Alternate Revenues and other Campaign Strategies (concurrent brainstorming groups) — *Susan Arnold* (See p. ix) Facilitators: *Fran DuMelle, April Pace, and Anna Mary Portz*
4:30—5:30 p.m.	Compiling the Action Plan

ADVOCACY INSTITUTE

David Cohen, Codirector
Michael Pertschuk, Codirector
Anna Mary Portz, Administrator

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